

<div style="font-size: small; margin-bottom: 5px;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div style="font-size: x-large; font-weight: bold; margin-bottom: 10px;">FEE TRANSMITTAL</div> <div style="font-size: x-large; font-weight: bold;">For FY 2009</div>		Complete if Known		
<div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><b>TOTAL AMOUNT OF PAYMENT</b></div><div style="width: 30%;">(\$ 650.00)</div></div>		<div style="border-bottom: 1px solid black;">Application Number</div> 10/572,718	<div style="border-bottom: 1px solid black;">Filing Date</div> 9/30/2004	
		<div style="border-bottom: 1px solid black;">First Named Inventor</div> Yoshiyasu Fujiwara		
		<div style="border-bottom: 1px solid black;">Examiner Name</div> Jonathan Teixeira Moffat		
		<div style="border-bottom: 1px solid black;">Art Unit</div> 2857		
		<div style="border-bottom: 1px solid black;">Attorney Docket</div> 0388 - 060453		
<b>METHOD OF PAYMENT</b> (check all that apply)				
<div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Check</div><div><input checked="" type="checkbox"/> Credit Card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> None</div><div><input type="checkbox"/> Other (please identify): _____</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>23-0650</u>    Deposit Account Name: _____</div> <div style="margin-top: 5px; font-size: x-small;">For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Charge fee(s) indicated below</div><div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</div></div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div>				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>				
	FILING FEES	SEARCH FEES	EXAMINATION FEES	
	<u>Small Entity</u>	<u>Small Entity</u>	<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	82	540	270
Design	220	110	100	50
Plant	220	110	330	165
Reissue	330	165	540	270
Provisional	220	110	0	0
<b>2. EXCESS CLAIM FEES</b>				
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	52		26	
Each independent claim over 3 (including Reissues)	220		110	
Multiple dependent claims	390		195	
<u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
_____ - _____ = _____ x _____ = _____				<u>Multiple Dependent Claims</u>
HP = highest number of total claims paid for, if greater than 20.				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u> <u>- 3 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
_____ - _____ = _____ x _____ = _____				
HP = highest number of independent claims paid for, if greater than 3.				
<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>				
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				
<b>4. OTHER FEE(S)</b>				<u>Fees Paid (\$)</u>
Non-English Specification,    \$130 fee (no small entity discount)				_____
Other (e.g., late filing surcharge): Request for Continued Exam (\$405) and 2-Month Extension (\$245)				\$650
<b>SUBMITTED BY</b>				
<div style="border-bottom: 1px solid black;">Signature</div>	<div style="border-bottom: 1px solid black;">Bojan Popovic</div>	<div style="border-bottom: 1px solid black;">Registration No. (Attorney/Agent)</div> 25,363	<div style="border-bottom: 1px solid black;">Telephone</div> 412-471-8815	
<div style="border-bottom: 1px solid black;">Name (Print/Type)</div>	<div style="border-bottom: 1px solid black;">Bojan Popovic</div>		<div style="border-bottom: 1px solid black;">Date</div> July 1, 2011	